

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7799

State File No.

Registrar's No. 49

FILED MAR 8 1943
Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
411 North Ryan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community 52 years years, months or days

3. (a) PRINT FULL NAME WILLIAM EDWIN WILLIAMS

3. (b) If veteran, name war - 3. (c) Social Security No.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah B. Williams 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 28, 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Saline Mo (City, town, or county) (State or foreign country)

10. Usual occupation Coal & Transfer

11. Industry or business Business

12. Name Richard M. Williams

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Pauline Oliver

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Williams

(b) Address 411 North Ryan

17. (a) Burial (b) Date thereof Feb. 22, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Road, Cunn

18. (a) Signature of funeral director Campbell, R. M.

(b) Address Marshall Mo

19. (a) 2-22-43 (b) Mrs. T. O. Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 411 North Ryan (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 1940 to 25 1942 that I last saw him live on and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiovascular Disease

Due to also nephritis

Due to 131

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.

Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Robert Williams Address Marshall Mo Date signed 2-20-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.